

DVT/PE Incentive Justification

It is proposed that respondents will be given \$75 for their participation, effort, transportation, and possible childcare costs. This amount is comparable to what has been the level of reimbursement for the target audiences in similar CDC funded activities. Focus groups require a bigger commitment from participating individuals than other forms of data collection (Krueger & Casey, 2009)¹ and the payment of incentives can provide significant advantages to the government in terms of direct cost savings and improved data quality.

Because we are conducting in-person focus groups, success of the study relies on a set of participants traveling to a common location at a specified time and actively participating in the research. Our focus is people who were hospitalized in the last 12 months for medical incidents that include cancer treatments, surgery, falls, car accidents, and childbearing for younger female groups to gauge their awareness and knowledge of DVT/PE. Recent CDC data shows that 6% of Americans experienced an overnight hospital stay in the last 12 months, and this proportion decreases among adults under age 65, which comprise six of our eight focus groups (Adams et al, 2010).² Because this is a low incidence population, it may be challenging to locate and recruit eligible participants. Respondents will be recruited from a 30 mile radius for groups to be held in Baltimore, Maryland, and in Atlanta, Georgia, 90 percent of respondents will be recruited from a 50 mile radius with 10 percent outside of this metropolitan range. These participants will incur additional time and costs as some will travel from long distances to attend. Moreover, two of our eight groups will be of recently hospitalized women ages 18-39. Women of childbearing age are often more difficult to recruit because they often have children and need to cover childcare costs to be able to attend the focus group session (It is assumed that the \$75 incentive received for participating in the groups would go toward the transportation costs for participants to arrive at the facility, as well as the cost for off-site childcare to make it possible for them to attend.

There have been citations in the literature referencing the importance of monetary compensation for focus group participation. Krueger and Casey (2009) indicates that offering minimal levels of monetary compensation will help ensure that sufficient numbers of participants will attend thereby yielding useful results. Further, in a meta-analysis of 38 experiments and quasi-experiments, Church (1993)³ found that providing cash incentives for participation was far more effective than nonmonetary gifts in generating survey response, and prepaid monetary incentives yielded an average increase of 19.1 percentage points over comparison groups.

Offering a monetary incentive at the proposed level will help ensure that respondents honor their commitment of participating in the focus group, and show up on time. Lower incentives could actually result in higher recruiting costs due to the need to over recruit by higher percentages (Krueger & Casey, 2009). Conversations with our focus group facilities have indicated that offering a lower incentive would necessitate recruiting 50% more people in order to assure a show rate of 8-9 participants.

¹ Krueger, RA, and Casey, MA (2009). *Focus Groups: A Practical Guide for Applied Research*, 4th ed. Sage: Thousand Oaks, CA.

² Adams PF, Martinez ME, Vickerie JL, Kirzinger WK. Summary health statistics for the U.S. population: National Health Interview Survey, 2010. National Center for Health Statistics. Vital Health Stat 10(251). Available online at: http://www.cdc.gov/nchs/data/series/sr_10/sr10_251.pdf [accessed 3/27/2012]

³ Church, A.H. (1993). Estimating the Effect of Incentives on Mail Survey Response Rates: A Meta-Analysis. *Public Opinion Quarterly*, 57, 62 -79.